

Effective on 12/06/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818): <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3>		Complete if Known Application Number 10/506,323-Conf. #8341 Filing Date October 29, 2004 First Named Inventor Khafiq AHMED Examiner Name J. Crepeau Art Unit 1795 Attorney Docket No. 0448-0170PUS1	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.37			
TOTAL AMOUNT OF PAYMENT (\$) 130.00			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify) _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number 02-2448 Deposit Account Name Birch, Stewart, Kolesch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments			
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FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES																	
		FILING FEES		SEARCH FEES		EXAMINATION FEES											
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)										
Utility	330	165	540	270	220	110											
Design	220	110	100	50	140	70											
Plant	220	110	330	165	170	85											
Reissue	330	165	540	270	650	325											
Provisional	220	110	0	0	0	0											
2. EXCESS CLAIM FEES							Small Entity Fee (\$) Fee (\$) Fee (\$)										
Fee Description Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195																	
Total Claims 14 - or HP = 0 x =		Extra Claims 0 x =		Fee Paid (\$)		Multiple Dependent Claims Fee (\$) Fee Paid (\$)											
HP = highest number of total claims paid for, if greater than 20																	
Indep. Claims 2 - or HP = 0 x =		Extra Claims 0 x =		Fee Paid (\$)		Fee Paid (\$)											
HP = highest number of independent claims paid for, if greater than 3																	
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). <table border="1"> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	100	0	0	0	0
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)													
100	0	0	0	0													
4. OTHER FEE(S) Non-English Specification: \$130 fee (no small entity discount) Other (e.g., late filing surcharges): 1251 Extension for response within first month 130 00																	

SUBMITTED BY Signature <i>Raymond C. Stewart</i> Registration No. 21,066 Telephone (703) 205-8012 Name (Print/Type) Raymond C. Stewart Date February 10, 2009			
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